

COUNTY OF PLACER
Administrative Services Department
Revenue Services Division

**INSTRUCTIONS FOR COMPLETING THE APPLICATION
FOR A TRANSIENT OCCUPANCY TAX CERTIFICATE**

****AN APPLICATION MUST BE COMPLETED FOR EACH RENTAL ADDRESS/PARCEL NUMBER****

1. Select the best option to describe the type of rental.
 - Type or print the address of the RENTAL. If more than one rental address – use additional application(s) for each one.
 - Type or print the assessor's parcel number (APN).
 2. Enter the number of units available for rent.
 3. Enter the date the rental was acquired.
 4. Select the best option to describe the type of ownership.
 - Type or print:
 - The legal name of the owner(s).
 - The physical address of the owner(s).
 - The mailing address of the owner(s).
 - The phone number of the owner(s).
 - The cell number of the owner(s).
 - The federal tax ID or social security number of the owner(s).
 - Use Page 3 if there are more than two owners.
 5. Type or print:
 - The legal name of the certificate holder. (The operator responsible for the collection and payment of Transient Occupancy Taxes.)
 - Check whether the certificate holder is the owner or an agent. If the certificate holder is going to be a rental agent, complete section 6.
 6. If you use a rental agent – type or print:
 - The name of the agent.
 - The address of the agent.
 - The phone number of the agent.
 - The cell number of the agent.
 - The federal tax ID or social security number of the agent.
- ✓ *The application must be signed by the owner, authorized corporation officer or trustee.*
- ✓ *The name and title must be typed or printed and the application dated.*
- ✓ *If not individual or partnership, a copy of the business license, trust documentation or article of incorporation must be included to process the application.*

COUNTY OF PLACER
 Administrative Services Department
 Revenue Services Division

APPLICATION FOR A REGISTRATION CERTIFICATE UNDER THE UNIFORM TRANSIENT OCCUPANCY TAX

PLEASE PRINT CLEARLY or TYPE

1. RENTAL INFORMATION:

TYPE: Hotel: _____ Motel: _____ Condo: _____ Timeshare: _____ Home: _____

Other: _____ (describe): _____

Address of Rental **City** **State** **Zip Code**

ASSESSORS PARCEL # (APN) _____

2. Number of units available for rent: _____

3. Date rental acquired: _____

4. OWNERSHIP INFORMATION:

TYPE OF OWNERSHIP: Individual: _____ Partnership: _____ Trust: _____ Corporation: _____ LLC _____

Other: _____ (describe): _____

IF OTHER THAN INDIVIDUAL OR PARTNERSHIP: ATTACH A COPY OF THE BUSINESS LICENSE/TRUST DOCUMENTATION or ARTICLE OF INCORPORATION

_____ <u>OWNER #1</u> Last Name	_____ First Name	_____ Middle Initial
_____ Home Address	_____ City	_____ State _____ Zip Code
_____ Mailing address if different	_____ City	_____ State _____ Zip Code
(_____) _____ Phone Number	(_____) _____ Cell Number	_____ Federal Tax ID/Soc. Sec. Number

_____ <u>OWNER #2</u> Last Name	_____ First Name	_____ Middle Initial
_____ Address	_____ City	_____ State _____ Zip Code
_____ Mailing address	_____ City	_____ State _____ Zip Code
(_____) _____ Phone Number	(_____) _____ Cell Number	_____ Federal Tax ID/Soc. Sec. Number

List additional owners on Page 3

5. TOT CERTIFICATE INFORMATION:

Name of Certificate Holder

Owner: _____

Agent: _____ (Complete rental agent information below)

6. RENTAL AGENT INFORMATION:

Name of Agent

()
Phone Number

Address of Agent

City

State

Zip Code

()
Cell Phone Number

()
Fax Number

Federal Tax ID/Soc. Sec. Number

I certify that the information provided on this application is true and correct and that I have read and understand the Transient Occupancy Tax Code - available in booklet form by request or on the Placer County Web Site at <http://www.placer.ca.gov/Admin/Revenue/TransOccTax.aspx>

Authorized Signature

Date

Print Name

Title

INCOMPLETE APPLICATIONS MAY DELAY PROCESSING

ADDITIONAL OWNERS/TRUST BENEFICIARIES

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Address	_____ City	_____ State
_____ Phone Number	_____ Cell Number	_____ Zip Code
_____ Phone Number	_____ Cell Number	_____ Federal Tax ID/Soc. Sec. Number

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Address	_____ City	_____ State
_____ Phone Number	_____ Cell Number	_____ Zip Code
_____ Phone Number	_____ Cell Number	_____ Federal Tax ID/Soc. Sec. Number

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Address	_____ City	_____ State
_____ Phone Number	_____ Cell Number	_____ Zip Code
_____ Phone Number	_____ Cell Number	_____ Federal Tax ID/Soc. Sec. Number

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Address	_____ City	_____ State
_____ Phone Number	_____ Cell Number	_____ Zip Code
_____ Phone Number	_____ Cell Number	_____ Federal Tax ID/Soc. Sec. Number

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Address	_____ City	_____ State
_____ Phone Number	_____ Cell Number	_____ Zip Code
_____ Phone Number	_____ Cell Number	_____ Federal Tax ID/Soc. Sec. Number
